

Application RIF

INDIVIDUAL ANNUITY CONTRACT

FOR FUNDSERV TRANSACTIONS ONLY

FOR INTERNAL USE ONLY

Dealer Code _____ Rep Code _____

Contract number _____ Client number _____

Dealer Support (FUNDSERV)
 Tel: 506-853-6040/1-855-577-3863 • Fax: 506-853-9369/1-855-430-0588
 Email: fundserv.support@assumption.ca

Client Services
 Tel: 506-853-6040/1-888-577-7337 • Fax: 506-853-9369/1-855-430-0588
 Email: investments.retirement@assumption.ca

1. Owner/Annuitant

Name _____ Last Name _____ Sex: M F

Address _____

Date of Birth (proof of age required): _____ / _____ / _____ Social Insurance Number _____
Day Month Year

Telephone No.: _____
Residence Business

Email _____ Occupation (if retired, indicate your occupation before retirement) _____

Verification of Identity and Date of Birth by means of an original document. Check (✓) one box:

Birth Certificate Driver's License Passport Other (specify): _____

Reference number _____ Place of issue (Province/Country) _____

If this is a Spousal Retirement Income Fund, complete the following section

Information of contributing spouse or common-law partner:

Name _____ Last Name _____

Date of Birth: _____ / _____ / _____ Social Insurance Number _____
Day Month Year

2. Beneficiary

Upon the death of the owner/participant, any death benefit is payable to the designated beneficiary, subject to the following:

- For RIFs, if there is no designated beneficiary, the death benefit is payable to the owner/participant's estate.

Beneficiary spouses or common-law spouses may be eligible to roll the account over into a registered retirement income fund (RRIF), subject to the requirements of the *Income Tax Act* (Canada). Income generated between the date of the death and the date of the rollover is taxable.

If you have designated a replacement owner/participant and that person has survived you, your RRIF or LIF does not end, and your owner/participant, being your spouse or common-law spouse, will become the new owner/participant and annuitant. No guarantee upon death for individual annuity contracts will apply.

4. Source of premiums

All transferred amounts are estimates. The correct amount will be confirmed in the Contract Specifications. Please include a copy of any documents relating to external transfers with this application. The agent is responsible for sending original documents to the financial institution holding the funds.

EXTERNAL SOURCES

| Source of External Investment | Name of Financial Institution | Contract, Policy or Account Number | Estimated Amount of Transfer |
|---|-------------------------------|------------------------------------|------------------------------|
| <input type="checkbox"/> Registered Retirement Savings Plan <input type="checkbox"/> Registered Retirement Income Fund <input type="checkbox"/> Other source permitted by the Act | | | |
| <input type="checkbox"/> Registered Retirement Savings Plan <input type="checkbox"/> Registered Retirement Income Fund <input type="checkbox"/> Other source permitted by the Act | | | |
| Total of external investments | | | |

INTERNAL SOURCE

| Source of Internal Investment (Assumption Life)* | Contract/Policy, Group or Certificate No. (Please specify) | Client or Reference No. | If transfer from a segregated fund, please check one of the following | Estimated Amount of Transfer |
|--|--|-------------------------|--|------------------------------|
| <input type="checkbox"/> Segregated Funds | | | <input type="checkbox"/> no load <input type="checkbox"/> back-end load | |
| <input type="checkbox"/> Investment Account | | | | |
| <input type="checkbox"/> Guaranteed Interest Account | | | | |
| Total of internal investments | | | | |

*Unless otherwise stated, any internal transfer of a contract made under this application will void the indicated contract.

Guidelines for internal premium transfers only

Segregated funds

For all internal premiums from segregated funds, please complete the table below – **Investment instructions** subject to Assumption Life's applicable administrative rules.

It is only permitted to transfer premiums for a single type of segregated fund per transaction, either with exit fees or no exit fee.

Investment Accounts

All internal premiums from Investment Accounts shall remain invested in the same Investment Accounts.

Guaranteed Interest Account

For Guaranteed Interest Accounts that have reached maturity at the time of the transfer, please complete the table below – **Investment instructions**. Any other internal premium from a Guaranteed Interest Account retains its investment term and its interest rate.

Should you prefer an investment option other than the one indicated above, please complete the table *Investment Instructions* in section 5 below.

5. Investment instructions (Please complete table below)

Investment Instructions

| Guaranteed Interest Account | | Amounts \$ or % | Preauthorized Payment \$ or % | Interest Rate (%) | For internal reference purposes only – Identification Number | |
|--|--|---|-------------------------------------|-------------------------|--|------------------------|
| Guaranteed Interest Account, 1-year non-redeemable | | | | | GICN1 | |
| Guaranteed Interest Account, 2-year non-redeemable | | | | | GICN2 | |
| Guaranteed Interest Account, 3-year non-redeemable | | | | | GICN3 | |
| Guaranteed Interest Account, 4-year non-redeemable | | | | | GICN4 | |
| Guaranteed Interest Account, 5-year non-redeemable | | | | | GICN5 | |
| Guaranteed Interest Account, 1-year redeemable | | | | | GICR1 | |
| Daily Interest Account | | | | | DIA | |
| Account Name | Reference Funds and Strategies | Amounts \$ or % (initial minimum premium required is \$500) | Preauthorized Payment \$ or % | FUNDSERV Order ID | For internal reference purposes only – Fundserv Identification Number* | |
| | | | | | Option 1 (Series D) | Option 2 (Series E) |
| US Equity | | | | | | |
| U.S. Equity (Louisbourg) | Louisbourg U.S. Equity Fund | | | | 613 | 713 |
| U.S. Focused Stock (Fidelity) | Fidelity U.S. Focused Stock – Series O | | | | 623 | 723 |
| International Equity | | | | | | |
| International Equity (Louisbourg) | Louisbourg International Equity Fund | | | | 614 | 714 |
| International Growth (Fidelity) | Fidelity International Growth – Series O | | | | 621 | 721 |
| Canadian Equity | | | | | | |
| Canadian Equity (Louisbourg) | Louisbourg Dividend Fund | | | | 615 | 715 |
| Canadian Small Capitalization Equity (Louisbourg) | Louisbourg Canadian Small Capitalization Equity Fund | | | | 616 | 716 |
| Momentum Canadian Equity (Louisbourg) | Louisbourg Quantitative Canadian Equity Fund | | | | 617 | 717 |
| Canadian Core Equity (Fidelity) | Fidelity Canadian Core Equity | | | | 620 | 720 |
| Global Equity | | | | | | |
| Global Leaders (CI/Black Creek) | Black Creek Global Leaders – Series I | | | | 622 | 722 |
| Fixed Income | | | | | | |
| Canadian Bond (Louisbourg) | Louisbourg Canadian Bond Fund | | | | 618 | 718 |
| Preferred Share (Louisbourg) | Louisbourg Preferred Share Fund | | | | 619 | 719 |
| WRAP portfolios | | | | | | |
| Assumption Growth (Assumption Life) | Assumption Growth Strategy | | | | 600 | 700 |
| Assumption Balanced Growth (Assumption Life) | Assumption Balanced Growth Strategy | | | | 601 | 701 |
| Assumption Balanced (Assumption Life) | Assumption Balanced Strategy | | | | 602 | 702 |
| Assumption Conservative (Assumption Life) | Assumption Conservative Strategy | | | | 603 | 703 |
| SmartSeries | | | | | | |
| SmartSeries Income (Assumption Life) | SmartSeries Income Strategy | | | | 604 | 704 |
| SmartSeries 2020 (Assumption Life) | SmartSeries 2020 Strategy | | | | 605 | 705 |
| SmartSeries 2025 (Assumption Life) | SmartSeries 2025 Strategy | | | | 606 | 706 |
| SmartSeries 2030 (Assumption Life) | SmartSeries 2030 Strategy | | | | 607 | 707 |
| SmartSeries 2035 (Assumption Life) | SmartSeries 2035 Strategy | | | | 608 | 708 |
| SmartSeries 2040 (Assumption Life) | SmartSeries 2040 Strategy | | | | 609 | 709 |
| SmartSeries 2045 (Assumption Life) | SmartSeries 2045 Strategy | | | | 610 | 710 |
| SmartSeries 2050 (Assumption Life) | SmartSeries 2050 Strategy | | | | 611 | 711 |
| SmartSeries 2055 (Assumption Life) | SmartSeries 2055 Strategy | | | | 612 | 712 |

*The reference of the chosen option is in section 8 of this document.

Intended use of sums invested in the contract

- Short-term savings (less than 5 years)
- Medium or long-term savings (10 years or more)

GIA: Lump-sum premium

For transfers, Assumption Life guarantees the interest rates specified in this application, provided that:

- these rates are the ones in effect and approved by Assumption Life at the time of signing the application;
- the signed application is received at our head office within 5 business days following the date it was signed; and
- the premium is received at our head office within **45 days** following the date the application was signed.

If these conditions are not met, the applicable interest rates will be the ones in effect on the date the application is received at Assumption Life's head office.

Any amount that is allocated to an investment account is invested at the owner's risk and may increase or decrease in value.

6. Special instructions

7. Single additional compensation for your representative

Assumption Life allows your representative to negotiate with you a more generous compensation than the one set up in his or her distribution contract. This additional compensation shall be deducted from your initial deposit into your Investment Accounts and may not exceed 3%.

I authorize Assumption Life to deduct from my initial deposit indicated under section 4, the following amount, as additional compensation (in % or in \$): _____

X _____

Owner/Annuitant signature

8. Commission chargeback option (section to be completed by the representative)

You must indicate your choice of commission:

- Option 1** - with chargebacks (Series D)
- Option 2** - no chargebacks (Series E)

Option 2, *no chargebacks* is the default option that will be imposed if you fail to indicate your choice of compensation.

Please refer to the Compensation Guide for further details.

9. Details of payment to be made to the owner/annuitant

For minimum payment calculation:

(Payments will be made on a pro rata basis between the market value of your investment accounts and the market value of your GIA's. See Investment Account Guide for more information.)

I choose my age.

I choose the age of my spouse or common-law partner, who is younger than I am. This choice is irrevocable even in case of marriage breakdown, separation or death of spouse or common-law partner.

Verification of Identity and Date of Birth of spouse or common-law partner by means of an original document.

Name _____

Last Name _____

Date of Birth: _____ / _____ / _____
Day Month Year

Check (✓) one box:

Birth Certificate Driver's License Passport Other (specify): _____

Reference number _____

Province or Country of issue _____

Method of payment: Net Gross

I. minimum fixed payment* \$ _____

II. monthly quarterly semi-annually annually

III. Date of first payment: immediately other _____ / _____ / _____ (1st to 28th day of the month)
Day Month Year

Tax deduction*:

Minimum Tax* (No tax withheld on the RIF, PRIF or LIF minimum amount; only on the excess amount.)

Minimum Tax* (Tax withheld on the total payment, including the RIF, PRIF or LIF minimum amount.)

Additional Tax Percentage _____ % federal (all provinces including Quebec) _____ % provincial (Quebec only)
(Tax withheld on the total payment, including the RIF, PRIF or LIF minimum amount)

*Subject to the minimum required under the Income Tax Act of Canada

10. Direct deposit of payments

Your payments **will be deposited directly to your bank account** indicated on your personalized "VOID" cheque. If a sample cheque is not available, the payer's name is not preprinted or if this is a savings account, please contact your financial institution and provide us with an account confirmation.

"void" cheque enclosed Bank confirmation enclosed

11. Declaration of Owner/Annuitant

I have requested that this application be in English, and I request that all other related documents be in English also.

For all owners: I confirm that I am a resident of Canada.

I confirm that all information and answers given in this application and in any related document are complete and true, and I acknowledge that they form the basis of this contract.

I understand that no insurance agent "advisor" or no person other than Assumption Life is authorized to modify, cancel or waive a question or provision of this application, or a provision of the contract, or of any rider or other document that is part of it.

I understand that any notice to or knowledge of an insurance agent "advisor" is not notice to or knowledge of Assumption Life unless stated in writing and made part of this application.

Privacy Statement

In order to ensure the confidentiality of my personal information, Assumption Life will establish and retain a file on me, in accordance with applicable rules, in the offices of Assumption Life or third parties acting on its behalf, in Canada or elsewhere, in which will be placed the information concerning my application as well as the information pertaining to any service request and claim. My personal information will only be used for contract purposes; upon any service request made pertaining to the contract; and also when processing a claim for payment of a death benefit. Only those employees, agents, distribution partners or service providers who need the personal information for the performance of their duties or the execution of their mandate will have access to my personal information. Unless required by law, or a court order, Assumption Life will not disclose my personal information to other parties without my consent. I understand that the law requires Assumption Life to disclose certain information to the Canada Revenue Agency for tax reporting purposes. I am entitled to consult the personal information contained in my file and, if applicable, to have it corrected by submitting a written request to the following address: Assumption Life, P.O. Box 160 / 770 Main Street, Moncton NB E1C 8L1.

I understand and accept that any withdrawal of my consent may make it impossible to administer the contract and can therefore be considered as an application for termination of my contract, forcing Assumption Life to suspend any payment of benefits.

I have read and understood the Assumption Life Privacy Statement above and authorize Assumption Life to obtain, use, and transmit to its agents, distribution partners and service providers, personal information about me for the purpose of the administration, processing and servicing of this contract. I acknowledge and accept that my personal information may be securely used, stored, or accessed in other countries and that it may be subject to the laws of those countries requiring Assumption Life to disclose my personal information to any government authority requesting it or that obtains a court order in these countries for this purpose.

I hereby request that Assumption Life apply to register this contract as a registered retirement income fund under the Income Tax Act of Canada and any provincial tax laws. I understand that as a consequence of registering this contract, payments to me, my spouse, my common-law partner, or to my beneficiary will be taxable.

I authorize Assumption Life to use my personal information in order to send me additional information on products and services that might interest me.

I confirm:

- a. that I am a Canadian resident for tax purposes, that I am not tax-exempt under Section 149 of the *Income Tax Act* (Canada), and do not plan to become a Canadian non-resident;
- b. that I am not a tax-indifferent investor as defined in Subsection 248(1) of the *Income Tax Act* (Canada), nor do I intend to become a tax-indifferent investor during the expected life of this Contract; and
- c. that I have not eliminated, and do not expect to eliminate, all or substantially all of the risk of loss and the opportunity for gain or profit during the expected life of this Contract.

12. Agent's Declaration

Please check (✓) one box only:

SALE IN PERSON

I have verified the identity and date of birth of the owner/annuitant as well as the identity and date of birth of her/his spouse or common-law partner if his/her age was chosen for the minimum payment of the annuity by consulting an original piece of identification.

SALE BY PHONE

If the Agent was not present when the owner/annuitant signed the application, the Agent attests that he has verified the identity and the date of birth of the owner/annuitant during a prior transaction, at which time supporting documentation have been retained.

The agent confirms having asked the questions listed in the application to the above-mentioned owner/annuitant and made sure that these were understood.

The agent also confirms having provided and explained to the client an *Agent Disclosure Statement* explaining his/her method of compensation and other financial benefits, the names of the insurance companies he/she represents as well as any conflict of interest.

13. Online Access (Owner/annuitant's declaration)

a. Since your statements will be available online, do you still wish to receive a paper copy?

Yes No

b. I request that my annuity contract and other pertinent documents be posted on my online account.

I request that my annuity contract and other pertinent documents be mailed to me at my home address.

c. Assumption Life will contact me by e-mail for any matter related to my investment account and to forward the link for my online access.

Email

14. Signatures

X

Signature of Owner/Annuitant

X

Signature of the Spouse/Common-law partner

(For any spousal RIF or if the age of the spouse has been chosen)

X

Agent's Signature

Name of Agent *(in block letters)*

Agent's Code

Agent's Telephone No.

Name of Agency/Firm

Signed at _____ This _____ day of _____ 20 _____

***Please note:** All pages must accompany this application when submitting to Assumption Life's Head Office.